

Exhibit 1

REDACTED

EEOC Form 5 (11/09)

CHARGE OF DISCRIMINATION This form is affected by the Privacy Act of 1974. See enclosed Privacy Act Statement and other information before completing this form.		Charge Presented To: Agency(ies) Charge No(s): <input type="checkbox"/> FEPA <input checked="" type="checkbox"/> EEOC 846-2011-93227	
Massachusetts Commission Against Discrimination and EEOC State or local Agency, if any			
Name (Indicate Mr., Ms., Mrs.) Ms. Gayle Bouchard		Home Phone (Incl. Area Code) Date of Birth	
Street Address City, State and ZIP Code 14 N. Main St, West Boylston, MA 01583			
Named is the Employer, Labor Organization, Employment Agency, Apprenticeship Committee, or State or Local Government Agency That I Believe Discriminated Against Me or Others. (If more than two, list under PARTICULARS below.)			
Name WORLDCOLOR		No. Employees, Members Phone No. (Include Area Code) Unknown (978) 534-8355	
Street Address City, State and ZIP Code 291 State St., North Haven, CT 06473			
Name		No. Employees, Members Phone No. (Include Area Code)	
Street Address City, State and ZIP Code			
DISCRIMINATION BASED ON (Check appropriate box(es).)		DATE(S) DISCRIMINATION TOOK PLACE Earliest Latest 04-01-2011 04-01-2011	
<input type="checkbox"/> RACE <input type="checkbox"/> COLOR <input checked="" type="checkbox"/> SEX <input type="checkbox"/> RELIGION <input type="checkbox"/> NATIONAL ORIGIN <input type="checkbox"/> RETALIATION <input type="checkbox"/> AGE <input type="checkbox"/> DISABILITY <input type="checkbox"/> GENETIC INFORMATION <input checked="" type="checkbox"/> OTHER (Specify) Equal Pay		<input type="checkbox"/> CONTINUING ACTION	
THE PARTICULARS ARE (If additional paper is needed, attach extra sheet(s)): <p style="text-align: center;">See attached statement:</p> <p>Steve Moore was hired to do the exact same job as I did. Yet, I discovered that he is being paid about 20% more than me – for the same work.</p> <p>I feel I have been discriminated against in violation of the Equal Pay Act of 1963, and Title VII of the Civil Rights Act of 1964, as amended.</p>			
I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address or phone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures.		NOTARY – When Notary Seal of Massachusetts Commission Expires December 15, 2011	
I declare under penalty of perjury that the above is true and correct.		I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief. SIGNATURE OF COMPLAINANT Gayle Bouchard	
Date Sep 28, 2011		SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE (month, day, year) September 28, 2011	
Charging Party Signature Gayle Bouchard		Notary Public BENJAMIN N. NIDUS	

EEOC FORM 131 (11/09)

U.S. Equal Employment Opportunity Commission

Chief Executive Officer WORLDOLOR 291 State St. North Haven, CT 06473	PERSON FILING CHARGE
	Gayle Bouchard
	THIS PERSON (check one or both) <input checked="" type="checkbox"/> Claims To Be Aggrieved <input type="checkbox"/> Is Filing on Behalf of Other(s)
EEOC CHARGE NO. 846-2011-93227	

NOTICE OF CHARGE OF DISCRIMINATION

(See the enclosed for additional information)

This is notice that a charge of employment discrimination has been filed against your organization under:

- ☐ Title VII of the Civil Rights Act (Title VII)
 ☒ The Equal Pay Act (EPA)
 ☐ The Americans with Disabilities Act (ADA)
- ☐ The Age Discrimination in Employment Act (ADEA)
 ☐ The Genetic Information Nondiscrimination Act (GINA)

The boxes checked below apply to our handling of this charge:

- ☒ No action is required by you at this time.
- ☐ Please call the EEOC Representative listed below concerning the further handling of this charge.
- ☐ Please provide by 04-01-2011 a statement of your position on the issues covered by this charge, with copies of any supporting documentation to the EEOC Representative listed below. Your response will be placed in the file and considered as we investigate the charge. A prompt response to this request will make it easier to conclude our investigation.
- ☐ Please respond fully by 04-01-2011 to the enclosed request for information and send your response to the EEOC Representative listed below. Your response will be placed in the file and considered as we investigate the charge. A prompt response to this request will make it easier to conclude our investigation.
- ☐ EEOC has a Mediation program that gives parties an opportunity to resolve the issues of a charge without extensive investigation or expenditure of resources. If you would like to participate, please say so on the enclosed form and respond by 04-01-2011 to Benjamin N. Nidus.
If you DO NOT wish to try Mediation, you must respond to any request(s) made above by the date(s) specified there.

For further inquiry on this matter, please use the charge number shown above. Your position statement, your response to our request for information, or any inquiry you may have should be directed to:

Benjamin N. Nidus,
Investigator

EEOC Representative

Telephone **(617) 565-3194**
Boston Area Office
John F. Kennedy Fed Bldg
Government Ctr, Room 475
Boston, MA 02203
Fax: (617) 565-3196
Enclosure(s): ☐ Copy of Charge

CIRCUMSTANCES OF ALLEGED DISCRIMINATION

☐ Race ☐ Color ☐ Sex ☐ Religion ☐ National Origin ☐ Age ☐ Disability ☐ Retaliation ☐ Genetic Information ☒ Other

ISSUES: Benefits

DATE(S) (on or about): EARLIEST: 04-01-2011 LATEST: 04-01-2011

Date

September 29, 2011

Name / Title of Authorized Official

Robert L. Sanders,
Area Office Director

Signature

